

April 1, 2019

Angela Sam
PO Box 785
Martin, SD 57551

Dear Angela,

This letter is to confirm your acceptance of the TANF Program Administrator position #08-0209 with the Department of Social Services at a starting wage of \$2391.13 semi-monthly beginning May 24, 2019.

The Department of Social Services has agreed to pay actual moving expenses and will seek approval through the State Board of Finance within the allowable guidelines. Reimbursement of expenses up to one month's salary or based on the rules established by the Board of Finance, is part of this employment offer. Receipts attached must be for eligible expenses.

Congratulations on your promotion! If you have any questions relating to your employment, please contact Jade Milli or me in the Human Resources office at (605) 773-4252.

Sincerely,



Molly Luebke
Human Resource Manager

cc: Carrie Johnson, Supervisor

Phone: 605-773-3537

☐ **State Transfer (SDCL 3-9-9)**
Full-time continuous employment for 6 months.

☒ **Professional Recruitment (SDCL 3-9-12)**
Attach a written copy of the offer of employment and of payment of moving expenses.

Application

Expected Month/Year of Move

Note: When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor's Office.



Dakota State University • 820 North Washington Ave. • Madison, SD 57042

MEMORANDUM

DATE: March 22, 2019

TO: Hannah Altmann
hannah.altmann@bemidjistate.edu

FROM: José-Marie Griffiths, Ph.D.
Dakota State University President

RE: Appointment with the College of Arts and Sciences
Dakota State University

I am pleased to offer you, subject to approval by the Board of Regents, a tenure track appointment as an Assistant Professor of Mathematics in the College of Arts and Sciences. The effective date of this appointment is August 22, 2019. New hire and faculty orientation will begin on August 19, 2019 in accordance with the collective bargaining agreement between the South Dakota Board of Regents and the Council of Higher Education (COHE). Annual appointment dates are August 22nd, 2019 through May 21st, 2020. Your salary will be at an annualized rate of \$60,000.00 for the period of August 22, 2019, to May 21, 2020, and is based on 9 months at 100% time. Contract dates reflect the payroll period which is the 22nd of the month through the 21st of the following month, with deposits issued on the last working day of the month. You will receive your first paycheck for August 22 – September 21 on September 30th. Your supervisor will be Dr. Ben Jones, Dean of the College of Arts and Sciences.

The employment offered herein shall be at the pleasure of the Board and may be terminated without notice or cause. The appointment shall commence on August 22, 2019 and shall not extend beyond May 21, 2020. The employment may be renewed for the next fiscal year at the sole pleasure of the Board. If the Board elects to renew an appointment, it may do so under whatever changed or additional terms and conditions it chooses. As with all administrative, professional, CSA, and Faculty employees, you will be evaluated annually. This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

This offer is contingent on approval by the South Dakota Board of Regents, the successful completion of a pending background authorization check and successful receipt of employment authorization paperwork. Should the background report come back with information that would change the contents of this contract, or you are unable to provide employment authorization documents, DSU has the right to take additional action which may include requesting additional information from you or rescinding of the job offer.

You are required to provide an official transcript for your highest degree within 60 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated in DocuSign, retaining a copy for your records. In addition to the intellectual properties, also enclosed is a conflict of interest form. Please review the policy, sign where indicated in DocuSign.

JK

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of Dakota State University. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from the Human Resources Office.

As an Assistant Professor, your position is eligible for state benefits. Benefits could include household moving reimbursement allowance of up to 1 month salary as outlined in SDCL 3-9-12 as long as the State's Auditor Office grants approval. Dakota State University will provide up to \$6,666.67 in moving expense reimbursement.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing this letter of acceptance through DocuSign, which offers an electronic, legally binding signature. Also included in the DocuSign envelope that will require information and signature are the Agreement to Assign Intellectual Property, Conflict of Interest and the employee background check authorization forms. DocuSign will route the signed forms to the attention of Human Resources. Please sign the electronic file within 20 days. Be sure to retain a copy for your files if you wish. I look forward to having you continue with the team at Dakota State.

Sincerely,

José-Marie Griffiths, Ph.D.
Dakota State University President

Enclosures

c: HR Office
Dean of the College of Arts and Sciences
Provost Office

I accept the job offer outlined above.

Hannah Altmann

Signature of Appointee (Full legal name)

March 22, 2019

Date

Household Moving Allowance State of South Dakota

When Application and Authorization sections
are completed, please submit the original to:
State Board of Finance
Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501 Phone: 605-773-3537

Please check one:

- ☐ State Transfer (SDCL 3-9-9)
Full-time continuous employment for 6 months.
- ☒ Professional Recruitment (SDCL 3-9-12)
Attach a written copy of the offer of employment and of payment of
moving expenses.

Application

DEBANKUR SANYAL

Name of Applicant

\$16,000

Yearly Salary

FARGO, ND

City, State Moving From

0740

Bureau of Human Resources Classification Code

RESEARCH ASSISTANT I

New Position Title

BRONKHORST, SD

New Post of Duty (City)

SEPTEMBER 10, 2018

Employment Date with the State

BOARD OF FINANCE

Agency Employed By

AUG 2018

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Debankur Sanyal

Signature of Applicant

04-02-2019

Date

Authorization

☒ The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

[Signature]

Name of Authorized Agent

4/2/19

Position/Title of Authorized Agent

[Signature]

Signature of Authorized Agent

Date

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

MEMORANDUM

DATE: June 19, 2018

TO: Debanair Sanyal

FROM: Anthony Bly, Soils Field Specialist
South Dakota State University

RE: Research Associate I with Agronomy, Horticulture and Plant Science Dept., South Dakota State University

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Research Associate I in the Agronomy, Horticulture, and Plant Science Department. The effective date of this appointment is August 1, 2018, or as soon as possible, depending upon receipt of work authorization. Annual appointment dates are June 22 through June 21. Your salary is \$40,000 based on 12 months at 100% time. Anthony Bly is your direct supervisor. As with all employees, you will be evaluated annually.

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

You are required to provide an official transcript for your highest degree within 30 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records. In addition to the intellectual properties, also enclosed is a conflict of interest form, please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of South Dakota State University. This offer is contingent on the university's verification of credentials and other information required by law and/or university policies, including but not limited to a criminal background check. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Payroll Office. Your portion of these forms must be completed on or before your first day of employment. BCR requires direct deposit of payroll checks for all employees.

As Research Associate I, your position is eligible for state benefits to include household moving allowance of \$1000 as outlined in SDCL 3-9-12.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter, a signed copy of the enclosed agreement to assign Intellectual Property, and the Conflict of Interest Form to my attention no later than June 29, 2018, retaining a copy for your records.

Anthony Bly

I accept the job offer outlined above.

Debanair Sanyal

Signature of Appointee

Household Moving Allowance State of South Dakota

When Application and Authorization sections
are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501

Phone: 605-773-3537

Please check one:

☐ State Transfer (SDCL 3-9-9)

Full-time continuous employment for 6 months.

☒ Professional Recruitment (SDCL 3-9-12)

Attach a written copy of the offer of employment and of payment of moving expenses.

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 3:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Neil Fulton

Name of Applicant

Deputy Law

New Position Title

Law School / USD

Agency Employed By

250,000

Yearly Salary

Ft. Pierre, SD

City, State Moving From

Vermillion

New Post of Duty (City)

June/July 2019

Expected Month/Year of Move

00230

Bureau of Human Resources Class Code

June 3, 2019

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Neil Fulton

Signature of Applicant

14 March 2019

Date

Authorization

☒ The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Emery Wasley

Name of Authorized Agent

Assistant Vice President, Human Resources

Position/ Title of Authorized Agent

Emery Wasley

Signature of Authorized Agent

3/28/19

Date

University of South Dakota

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance

MEMORANDUM

DATE: March 7, 2019
TO: Neil Fulton
FROM: Sheila K. Gestring, President, University of South Dakota
RE: Appointment with the School of Law at the University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Dean of the School of Law. The effective date of this appointment is June 3, 2019. Your salary is \$250,000 based on 12 months at 100% time. Dr. Kurt Hackemer, Provost/Vice President, Academic Affairs, is your direct supervisor. As with all employees, you will be evaluated annually. This offer is contingent on the favorable results of a background check.

You have 30 months from June 22, 2019 to obtain tenure within the School of Law. Upon receiving tenure, your annualized base salary will increase by \$25,000. If tenure is not obtained by December 21, 2021, your appointment as Dean will be reevaluated. Continued employment will be dependent upon University needs.

This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime. Appointee shall be paid at the rate of \$250,000 which will be paid out over 12 payrolls. The base salary could be subject to change should there be a change in duties or appointment percent. Annual appointment dates are June 22nd to June 21st.

The University, in accordance with annual salary policy approved by the state legislature, the Board of Regents compensation policies, your performance, and institutional priorities, will determine any future annual pay increases. Payroll dates begin on the 22nd of the month through the 21st with payroll on the last day of the month. Eligible leave will be accrued in accordance with your appointment and all employees are required to request leave off through the payroll system to ensure leave is recorded accurately. Benefits are administered through the State of South Dakota and are provided to any employee that is in a regular position that is employed at 50% or greater time.

You are required to provide an official transcript for your highest degree within 30 days of accepting this position. The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. Please review the policy, sign the form where indicated and return with this offer memo, retaining a copy for your records. In addition to the intellectual properties, also enclosed is a conflict of interest form, please review the policy, sign where indicated and return with this offer memo, retaining a copy for your records.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of University of South Dakota. Withholding statements (W-4's) and proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws (I-9) are available from your Human Resources Office. Your portion of these forms must be completed on or before your first day of employment. BOR requires direct deposit of payroll checks for all employees.

As the Dean of the School of Law, your position is eligible for state benefits to include household moving allowance of up to 1 month salary as outlined in SDCL 3-9-12. The University of South Dakota will provide up to \$20,833.33 in moving expenses. The full regulations can be found at the following link:

<http://legis.state.sd.us/rules/DisplayRule.aspx?Rule=05:01:07&Type=Rule>

You are scheduled to attend orientation sessions for new employees. All sessions are held in 104 Slagle Hall at the indicated date and times:

- General Information and Benefits Overview (Human Resources will schedule one-on-one session)
- Timekeeping Overview (Human Resources will schedule one-on-one session)
- Anti-Harassment and Discrimination, June 26, 2019, at 9am

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning this letter and a signed copy of the enclosed agreement to assign Intellectual Property, Conflict of Interest Form, and Personal Data Statement no later than March 13, 2019, retaining a copy for your records. Send the signed documents to:

Emery Wasley
Human Resources
The University of South Dakota
414 E. Clark. St.
Vermillion, SD 57069

cc: Human Resources
Department payroll representative

I accept the job offer outlined above.

 3/14/19

Signature of Appointee & Date Signed

Encl: Intellectual Property Form
Conflict of Interest Form
Employee Personal Data Sheet

Household Moving Allowance State of South Dakota

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501

Phone: 605-773-3537

Please check one:



State Transfer (SDCL 3-9-9)

Full-time continuous employment for 6 months.



Professional Recruitment (SDCL 3-9-12)

Attach a written copy of the offer of employment and of payment of moving expenses.

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Kristen Langellier

Name of Applicant

\$54,500

Yearly Salary

08000

Bureau of Human Resources Class Code

Columbia, MO

City, State Moving From

Assistant Professor

New Position Title

Vermillion, SD

New Post of Duty (City)

August 22, 2019

Employment Date with the State

Univ. of S.D.

Agency Employed By

July/August, 2019

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Signature of Applicant

Date

Authorization

☒ The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Emery Wasley

Name of Authorized Agent

Signature of Authorized Agent

Date

Assistant Vice President, Human Resources

Position/ Title of Authorized Agent

University of South Dakota

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on

Date

Signature of Secretary, State Board of Finance



MEMORANDUM

DATE: February 26, 2019
TO: Kristen Langellier
FROM: Donald Easton-Brooks, Dean, School of Education
SUBJECT: Appointment with the University of South Dakota

I am pleased to offer you, subject to approval by the Board of Regents, an appointment as Assistant Professor in the Division of Counseling and Psychology in Education in the School of Education. The effective date of this appointment is August 22, 2019. Your salary will be at an annualized rate of \$54,500. Amy Schweinle is your direct supervisor. This offer of employment is contingent on the favorable results of a background check. As with all faculty employees, you will be evaluated annually. Specific expectations for this position are detailed in the attached Expectations of Employment. This position has been identified as exempt from Fair Labor Standards Act (FLSA) and therefore not subject to overtime.

The Board of Regents manages employee-created intellectual property pursuant to the South Dakota Board of Regents Intellectual Property Policy, Board Policy No. 4:34. The provisions of this policy are enclosed. Please review the policy, sign where indicated and return with this offer letter, retaining a copy for your records. In addition to the Intellectual properties, I have also included a conflict of interest and an employee information form, please complete these forms (retaining a copy for your records) and return with this letter. You are required to provide an official transcript for your highest degree within 30 days of accepting this position.

The appointment and terms of appointment are subject to and governed by the laws of the State of South Dakota and the policies, rules, and regulations of the South Dakota Board of Regents and of the University. Withholding statements (W-4's) are available in your benefit packet and should be completed, signed and returned to the Payroll Office prior to receiving your first paycheck. You will be expected to provide proof of identity and eligibility to work in the United States, pursuant to the Immigration Reform laws. Your supervisor or HR office will have an I-9 Form that will be used for this purpose. Your portion of that form must be completed on your first day of employment. The Board of Regents requires direct deposit of payroll checks for all employees. As an assistant professor, your position is eligible for state benefits to include a household moving allowance as outlined in SDCL 3-9-12. The University of South Dakota will provide up to \$3,000 in moving expenses. Reimbursed moving expenses are considered taxable income.

If you understand and agree to the terms and conditions of this offer, please indicate your acceptance by signing below and returning (by March 8, 2019) this letter and a signed copy of the enclosed agreement to assign Intellectual Property, Conflict of Interest and all the employee information forms to the attention of:

Jolinda Gray
Office of the Dean
School of Education
The University of South Dakota
414 E. Clark Street
Vermillion, SD 57069

Please retain a copy of these documents for your files.

DEB/jlg

Encs.

cc: Amy Schweinle, Chair, Division of Counseling and Psychology in Education
Kurt Hackemer, Provost and Vice President for Academic Affairs
Rachael White, Human Resources

I accept the job offer outlined above.

Kristen A. Langellier, PhD, NCC
Signature

4 March, 2019
Date

Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:


State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Date: 03/12/2019 Agency: Animal Industry Board
Agency Address: 411 S Fort St, Pierre SD 57501
Agency Phone Number: 605-773-3321
Employee Requesting Reimbursement: Big Tom's Diner
Total Amount of Reimbursement: \$120.00
Date(s) of Expense: 03/12/2019
Event Leave Time: 8:30 am Event Return Time: 2:30 pm
Explanation of official business performed: AIB Board Meeting - working lunch.
Lunch provided for 5 Board Members and 7 AIB employees.
See attached roster.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.


Signature of Employee

03/12/2019

Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Dustin Oedekoven, DVM

Name of Department/Office Head

State Veterinarian

Position/Title of Agency Official


Signature of Department/Office Head

03/12/2019

Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

Invoice

249463

SOLD TO

ADDRESS

CITY, STATE, ZIP

CUSTOMER ORDER NO.

SOLD BY

TERMS

F.O.B.

DATE

ORDERED

SHIPPED

DESCRIPTION

PRICE

UNIT

AMOUNT

Bristle Xcel

\$10.00

12

\$120.00

RECEIVED

MAR 12 2019

SD ANIMAL
INDUSTRY BOARD

ATTENDANCE ROSTER

DATE

03-12-19

PAGE 1

PURPOSE OF MEETING

ANIMAL INDUSTRY BOARD MEETING / AM HRG / RULES HRG

PLEASE PRINT
FIRST AND LAST NAME

ADDRESS

REPRESENTING

<u>David Butler</u>	Pierre	AIB
<u>Bryan Voss</u>	Axon	AIB
<u>Quinn Odeker</u>	Pierre	AIB
<u>Tommy Anderson</u>	Pierre	AIB
<u>Travis</u>	"	"
<u>Josh Kitzon</u>	Nisland	AIB
<u>Robbie Magnus</u>	Huron	AIB
<u>Susan Feenders</u>	Pierre	AIB
<u>Eric Iversen</u>	White River	AIB
Bryce Dibbern	Interior SD	LMA
Sherril S. Wacker	Pierre	AG
Beal Otter	Martin	Martin Luustock
Brian Jaeger	Martin	B2R
Ross Rigling	Platte	Martin Lust.
<u>John Voegel</u>	Winnier	AIB

ATTENDANCE ROSTER

DATE 03-12-19

PAGE _____

PURPOSE OF MEETING ANIMAL INDUSTRY BOARD MEETING /AM HRG / RULES HRG

**PLEASE PRINT
FIRST AND LAST NAME**

ADDRESS

REPRESENTING

[illegible]

Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
Capitol Building - 500 E Capitol Ave
Pierre, SD 57501 Phone: 605-773-3537

Application

Date: 3/21/19 Agency: GFP
Agency Address: 523 E Capitol Ave, Pierre, SD 57501
Agency Phone Number: 605-223-7660
Employee Requesting Reimbursement: Tanya Bethke
Total Amount of Reimbursement: \$ 82.88
Date(s) of Expense: 3/20/19
Event Leave Time: 8:00 AM Event Return Time: 1:00 PM

Explanation of official business performed: Staff working lunch - discussed education plan progress, trapping education action items, hunter grant, huntsafe in the schools, and the potential need for an R3 Marketing position.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Tanya Bethke
Signature of Employee

3/21/19
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Kelly R. Hepler
Name of Department/Office Head

Cabinet Secretary
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

4.3.19
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form to voucher to be sent to the State Auditor's Office.

Game Fish and Parks
VOUCHER
Direct Invoice

Beth

AP

INVOICE WORKSHEET 1

IWS-1T

NEXT FUNCTION: _____ ACTION: _____ 03/28/2019 12:34:54

REQUEST: _____

=====

INVOICE NUMBER : _____ 03202019 DATE: 03/20/2019 MODEL: _____
VENDOR SHORT NM: PUREBLISSBAKERY ANDERSON, LAURA CURR : _____
VENDOR NUMBER : _12491641_ PIERRE CM/DM : I
PO REFERENCE : _____ APPROVAL NBR: _____ MULTI PYMT: N
TERMS CODE: 001 PYMT DUE DATE: _____ DO NOT USE : _____
REMIT MSG: _ SD_GAME_FISH_AND_PARKS _____

SIGNATURE APPR CD: _____

LINE AMOUNT/PERCENT EXP CO ACCOUNT CENTER PROJ-CO NUMBER
VAT QUANTITY UNIT ITEM NUMBER DESCRIPTION PRORATE (T F A D) USE 99 IRC
0001 _____ 82.88 001 3122 52053900 _____ 0610070 _____

_____ N N N N _____ NO _____

0002 _____

0003 _____

0004 _____

: _____ : _____
: _____ GROSS AMOUNT: _____ 82.88 0

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Claimant

Date



Authorization

Date

03/28/2019

Authorization

Date

Petersen, Chris

Subject:

FW: [EXT] New Invoice: #264 from Pure Bliss Bakery & Cafe

From: Pure Bliss Bakery & Cafe [mailto:invoicing@messaging.squareup.com]

Sent: Wednesday, March 20, 2019 1:21 PM

To: Boggs, Erin

Subject: [EXT] New Invoice: #264 from Pure Bliss Bakery & Cafe

Pure Bliss Bakery & Cafe

New Invoice

\$82.88 due on March 20, 2019

Pay Invoice

Invoice #264

March 20, 2019

Only Invoice Available

Customer

Erin Boggs

erin.boggs@state.sd.us

We appreciate your business.

HomeCooked x 8 (\$10.36 ea.)	\$82.88
Subtotal	\$82.88
Total Due	\$82.88

Pure Bliss Bakery & Cafe
107 W Capitol Ave
Pierre, SD 57501 United States

© 2019 Square, Inc.
Square Privacy Policy | Security

<image003.jpg>

<HomeStationPerDiemReimbursementRequest_20181030.pdf>

Only Invoice Available

Petersen, Chris

Subject:

FW: [EXT] New Invoice: #264 from Pure Bliss Bakery & Cafe

From: Boggs, Erin

Sent: Wednesday, March 20, 2019 1:25 PM

To: Herren, Tami

Cc: Bethke, Taniya

Subject: FW: [EXT] New Invoice: #264 from Pure Bliss Bakery & Cafe

12491641 – vendor number

Here is the list of names for the lunches & the bill

Names:

Scott Simpson – Pierre

Taniya Bethke – Ft. Pierre

Chad Tussing – Rapid City

Thea Ryan – Sioux Falls

Maggie Lindsey – Ft. Pierre

Tami Herren – Ft. Pierre

Patrick Klotzbach – Sioux Falls

Keith Wintersteen – Rapid City

Erin

Only Invoice Available

Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Date: 3-28-19 Agency: Department of Labor and Regulation
Agency Address: 123 West Missouri Ave., Pierre, SD 57501
Agency Phone Number: 605-773-3101
Employee Requesting Reimbursement: see attached
Total Amount of Reimbursement: \$ 888.00
Date(s) of Expense: 3-27-19
Event Leave Time: 10:00am Event Return Time: 3:00 pm
Explanation of official business performed: Workforce Development Council Meeting

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Employee

Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Marcia Hultman
Name of Department/Office Head

DLR Cabinet Secretary
Position/Title of Agency Official

Signature of Department/Office Head

Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

Meeting Agenda
WORKFORCE DEVELOPMENT COUNCIL

Pierre Chamber of Commerce
800 W. Dakota Ave., Pierre
March 27, 10:00 a.m. CDT

- | | |
|-----------------------------------|--------------------|
| A. Call to Order | Chairman Anderson |
| B. Roll Call | Jami Burrer |
| C. Approval of Minutes | |
| D. Workforce Services Testimonial | Connie Hanson |
| E. Legislative Updates | Secretary Hultman |
| F. Migrant Seasonal Farm Worker | Gloria Miller |
| G. Re-employment Services | Kendra Ringstmeyer |
| H. TANF and SNAP | Andrew Szilvasi |
| I. Registered Apprenticeships | Rebecca Long |
| J. WIOA Policy Manual | Mackenzie Decker |
| K. WIOA Annual Report | Kendra Ringstmeyer |
| L. Labor Market Information | Melodee Lane |
| M. State Plan – Vision and Goals | |
| N. State Plan Priority Discussion | |
| O. Round Table | |
| P. Next Meeting | |
| Q. Adjourn | |

GUADALAJARA MEXICAN
RESTAURANT
314 West Sioux Ave.
Pierre, SD 57501

Invoice

Date	Invoice #
3/27/2019	4610

Bill To
Department of Labore

		P.O. No.	Terms	Project
Quantity	Description	Rate	Amount	
18	Food Sales Taco Bar + Cutlery	11.00	198.00T	
	SD Sales Tax	7.00%	13.86	

South Dakota Department of Labor and Regulation

Name of Meeting:

WDC Meeting

Date:

March 27, 2019

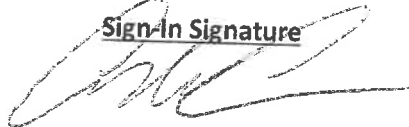










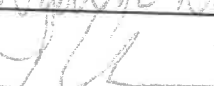






Location:

Pierre

Meeting Hours:

10AM to 5PM

Explanation of Business:

Attendees	Home-Duty Station	Sign-In Signature
Carl Carlson	Hartford	
Keri Wienyes	Mobridge	
Jami Burre	Pierre	
Laura Scheibe	Pierre	
Rick Larson	Huron	
Randy Steinbrook	Rapid City	
DAVE BONDE	Fort Pierre	
Steve Kolbeck	Brandon, SD	
Felicia Aspern	Pierre Central	
Rebecca Long	Pierre Central	
Dawn Dove	Pierre	
Lee Anderson	Middell	
Mark Ryan	St. Joseph	
Melissa H. Homan	Pierre	
Andrew Salinas	Pierre	
Scott [unclear]	Belle Fourche	
Paul Beran	Pierre	
Mackenzie Decker	Pierre	

Board member

Board member

Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting **documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month.** Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Date: March 25, 2019

Agency: GOED

Agency Address: 711 E. Wells Ave.

Agency Phone Number: (605)773-4633

Employee Requesting Reimbursement: Travis Dove

Total Amount of Reimbursement: \$47.91

Date(s) of Expense: March 20, 2019

Event Leave Time: 8:00 AM

Event Return Time: 5:00 PM

Explanation of official business performed: Commissioner Westra required GOED directors attend an all day strategic planning session. The meeting was held offsite and ran through the noon hour to minimize disruptions and maximize productivity.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Travis Dove
Signature of Employee

3-25-19
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Steve Westra
Name of Department/Office Head

Commissioner
Position/Title of Agency Official

[Signature]
Signature of Department/Office Head

3-28-19
Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

Make Ticket

Tell us how we are doing at:

866-835-5871

or by visiting

www.pizzaranchfeedback.com

We are giving away a \$250 Pizza Ranch

Gift Card each week to 1 person who

takes the survey. See site for details.

Pizza Ranch #2000

321 E. HUSTAN

FORT PIERRE, SD 57532

605-223-9114

THANK YOU FOR YOUR ORDER!

Ticket # 1

3/20/2019 8:37 am LEE

*** DELIVERY ***

773-4633

OLSEN, MARCY

PIEERE

Zone : 1

Pierre/Fort

Pierre

3/20/19 deliver

to capital

university

center

for Travis Doyre

Discover 41.91

*****6846

Customer has
requested
plates, napkins,
silverware,
& packets
Time order
deliver at:
12:00

For 6

Ranch Wedges 3.99

Large 12.00

Orig Crust

Pepperoni

8 Piece Chix 12.99

Large 12.99

Round-Up

Thin Crust

Subtotal 41.97

Delivery Charge 2.00

Any 2 Lg \$22 (2.99)

8 Pc & Wedges \$14.99 14.99

State Tax SD 2.92

Total 41.91

Ticket # 1

(2003009372)

For Rewards Info:

www.ranchrewards.com

Phone: 855-321-3401

Pizza Ranch Fort Pierre

321 E. Hustan

PO Box 309

Fort Pierre, SD 57532

Card Type Discover

Card Number *****6846

Date/Time 3/20/2019 8:37 am

Server LEE

Amount \$41.91

Tip

Total

Approved - Thank you

Auth # 02010R

Seq # 907849073289680

Signature X

I agree to pay the above total amount
according to the card issuer agreement.

GOED Strategic Planning Session

March 20, 2019

Pierre, SD

8:00 AM—Director's discussion on the overall morale of the agency, biggest challenges, and managing change.

10:00 AM—Commissioner Westra discusses future vision of GOED and the agency's role going forward.

12:00 AM—Discussion on office staffing and efficiencies.

2:00 PM—Discussion on internal and external GOED messaging.

3:00 PM—Recap action steps.

4:00 PM—Commissioner departs; Directors discuss inter-division action steps.

5:00 PM—Adjourn.

Attending:

Steve Westra

Mary Lehecka Nelson

Cassie Stoeser

Joe Fiala

Travis Dovre

Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
Capitol Building - 500 E Capitol Ave
Pierre, SD 57501 Phone: 605-773-3537

Application

Date: 04/08/19

Agency: SDRS

Agency Address: 222 E. Capitol Ave, Pierre, SD 57501

Agency Phone Number: 605-773-3731

Employee Requesting Reimbursement: _____

Total Amount of Reimbursement: \$297.00

Date(s) of Expense: 04/04/19

Event Leave Time: 8:30 a.m.

Event Return Time: 4:00 p.m.

Explanation of official business performed: SDRS Board of Trustees Board meeting

Required staff and consultants to stay and not leave during lunch.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Employee

Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Robert A. Wylie

Executive Director/Administrator

Name of Department/Office Head

Position/Title of Agency Official

Signature of Department/Office Head

Date

State Board of Finance Approval

Approval Date: _____

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form to voucher to be sent to the State Auditor's Office.

SDRS BOARD OF TRUSTEES LUNCH

April 4, 2019

Name

Eric Stroeder
Liza Clark
Matt Clark
Kathy Greenaway
Roy Lindsay
Laurie Gier
Laurie Holan
Dawn Smith
Cheri Wittler
James Johns
Bob Wylie
B.J. Peterson
Bern Merrill
Laurie Gustafson
James Apple
Pennay Brunken
Myron Johnson
Karl Alberts
Justice Salter
Paul Schrader
Doug Fiddler
Michelle Mikkelsen
Brittini Holmson
Jaune Storm
Jake Beer
Tavis Almond
Chad Sharkey

Name

INVOICE

Drifters
BAR & GRILLE

05 April 2019

PAYMENT DUE UPON RECIEPT

297

Drifters Bar and Grille

325 Hustan Ave

Fort Pierre, SD

605.220.5014

SD Retirement

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
27	Lunches	11.00	297.00
	Total		297.00

Final Balance \$297.00

MENU DETAILS

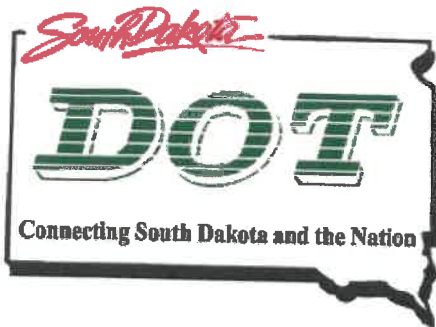
OTHER INFORMATION

Event Date: 4/4/19

Event Time: 8:30AM

Event Room: Hull and Port

Guest Count: 25-30



Department of Transportation

Office of the Secretary

700 E Broadway Avenue
Pierre, South Dakota 57501-2586
PHONE: 605/773-3265
FAX: 605/773-2804

March 12, 2019

Board of Finance
Secretary of State of South Dakota
500 East Capitol Ave Ste 204
Pierre, SD 57501

Please accept this letter as the Department's request for approval of excess lodging for Tom Cordell and Mark Fox. Both employees were registered for Soils and Aggregate training and certification in Aberdeen March 4-8, 2019. Reservations were made at the Americinn in Aberdeen by the Area Secretary for both individuals. Mr. Cordell checked in on Monday, March 4, 2019. Mr. Fox was not able to make it to the training on March 4th due to weather. Mr. Fox's room was canceled and rebooked for March 6, 2019.

Both employees were charged \$86.90 per night plus taxes.

The employees did not realize they were being charged more than state rate until the middle of the training week. They asked the hotel to lower the rate, but they would not because the hotel told the Area Secretary they were not getting state rate. Scott Eisenbeisz, Business Manager in Aberdeen also contacted the hotel and they refused to lower the rate because they only have so many state rooms, plus they had a convention in Aberdeen that week.

Please consider this request to reimburse the employees at higher than state rate plus applicable taxes. If you have any questions, do not hesitate to contact me.

Sincerely,

Darin P. Bergquist
Secretary Department of Transportation



Welcome to the end of the day
AmericInn Lodge and Suites of Aberdeen
301 Centennial Street
Aberdeen, SD 57401
Tel: (605) 225-4565 Fax: (605) 229-3792

03-12-19

mark fox 5000 E Highway 212 Watertown SD 57201 US	Folio No.	: 7382	Room No.	: 231
	A/R Number	:	Arrival	: 03-06-19
	Group Code	:	Departure	: 03-08-19
	Company	: SD Dept of Trans- Brookings	Conf. No.	: 84108EC017294
	Wyndham Rewards	:	Rate Code	: L05
	Invoice No.	:	Page No.	: 1 of 1

Date	Description	Charges	Credits
03-06-19	Room Charge	86.90	
03-07-19	Room Charge	86.90	
03-08-19	Cash		173.80
03-12-19	State Tax 9%	15.64	
03-12-19	City Tax \$2.00	4.00	
03-12-19	MasterCard		19.64
XXXXXXXXXXXX0925			
Total		193.44	193.44
Balance		0.00	

Guest Signature: _____

Please contact the Manager about any issues with your stay. AmericInn or affiliates may contact you about goods and services unless you call 800-843-2400 or write to Wyndham Worldwide Hotels, Inc. 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our AmericInn website about privacy.

**Thank you for staying with us.
It was our pleasure to serve you.**



Welcome to the end of the day-
AmericInn Lodge and Suites of Aberdeen
301 Centennial Street
Aberdeen, SD 57401
Tel: (605) 225-4565 Fax: (605) 229-3792

03-11-19

Tom Cordell 5000 9th ave SE Watertown SD 57201 US	Folio No. : 7380 A/R Number : Group Code : Company : Sd Dept of Tran- SF Wyndham Rewards : 174601380F Invoice No. :	Room No. : 103 Arrival : 03-04-19 Departure : 03-08-19 Conf. No. : 84108EC016740 Rate Code : LPGU Page No. : 1 of 1
--	--	--

Date	Description	Charges	Credits
03-04-19	Room Charge	94.00	
03-05-19	Room Charge	94.00	
03-06-19	Room Charge	94.00	
03-07-19	Room Charge	-21.30	
			<i>adjustment to get room rate to \$86.70</i>
03-08-19	MasterCard XXXXXXXXXXXX6484		260.70
03-11-19	State Tax 9%	23.46	
03-11-19	City Tax \$2.00	4.00	
03-11-19	MasterCard XXXXXXXXXXXX6484		27.46
			<i>needed to add sales tax</i>
Wyndham Rewards members earn valuable points on qualifying stays at nearly 7,000 hotels around the world. If you are not already a member, join the next time you check-in, visit us at www.wyndhamrewards.com or call 866-996-7937.		Total	288.16
		Balance	0.00

Guest Signature: _____

Please contact the Manager about any issues with your stay. AmericInn or affiliates may contact you about goods and services unless you call 800-843-2400 or write to Wyndham Worldwide Hotels, Inc. 22 Sylvan Way, Parsippany, NJ 07054 to opt out. View our AmericInn website about privacy.

Thank you for staying with us.
It was our pleasure to serve you.



SOUTH DAKOTA DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY
523 East Capitol Avenue
Pierre, SD 57501
Phone: 605.773.5425 Fax: 605.773.5926
sdda.sd.gov

March 21, 2019

Secretary of State
SD Board of Finance
500 East Capitol Avenue
Pierre, SD 57501

Board of Finance:

David Skaggs met with Tony Hagen of Agrovive Company in Tea SD on Saturday, March 2, 2019, on behalf of the Department of Agriculture. Since the meeting started at 8:00am an overnight stay in Sioux Falls was necessary.

The Quality Inn & Suites (SD062) hotel charged a rate of \$75.00 and is not willing to honor the State Rate of \$55.00.

We are asking for approval to reimburse David Skaggs (direct billed) for the additional \$20.00.

Thank you for your consideration of this matter.

Kim Vanneman
Secretary of Agriculture

Cc: Kim Paxton
Ashley Waibel

Encl.



Quality Inn & Suites (SD062)

5410 N. Granite Lane
Sioux Falls, SD 57107
(605) 336-1900
GM.SD062@choicehotels.com

Account: 637598232

Date: 3/7/19

Room: 126 LSTAT1

Arrival Date: 2/28/19

Departure Date: 3/2/19

Check In Time: 2/28/19 8:31 PM

Check Out Time: 3/2/19 8:31 AM

Rewards Program ID: GP-DXS6578

You were checked out by: cflom

You were checked in by: kbrown

Total Balance Due: 0.00

Post Date	Description	Comment	Amount
2/28/19	Room Charge	#126 SKAGGS, DAVID	55.00
3/1/19	Room Charge	#126 SKAGGS, DAVID - no 2nd night - no state rate	- 75.00
3/2/19	Direct Bill		(130.00)
Folio Summary 2/28/19 - 3/2/19			
	Room Charge		130.00
	Direct Bill		(130.00)
	Balance Due:		0.00

#20.00 Difference

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to Choice Privileges points.

(130.00) will be billed to: Account 759796

SD Dept of Agriculture, 523 E. CAPITOL AVE, PIERRE, SD
57501

x



Congratulations. You are earning Choice Privileges Points for this stay.



12305265
Quality Inn & Suites

5410 N. Granite Lane
Sioux Falls, SD 57107
Telephone: (605) 336-1900
Fax: (605) 336-1901
GM.SD062@choicehotels.com

RECEIVED

MAR 18 2019

Ag Development

Amount Due	Due Date
255.00	Upon Receipt

Company Profile Number: 759796

Page 1 of 1

Current	Past 30 Days	Past 60 Days	Past 90 Days	Past 120 Days	Amount Due
255.00	0.00	0.00	0.00	0.00	255.00

SD DEPT OF AGRICULTURE

523 E. CAPITOL AVE

PIERRE, SD 57501

Statement of Account

This is a reminder of your obligation.

Please call (605) 336-1900 if you should have any questions regarding this statement.

<u>Invoice Date</u>	<u>Name</u>	<u>Account</u>	<u>Account Type</u>	<u>Invoice Number</u>	<u>Amount</u>	<u>Credits</u>	<u>Balance</u>
2/25/2019	SKAGGS, DAVID	596103283	Guest	46305364	140.00	(70.00)	70.00
3/2/2019	SKAGGS, DAVID	637598232	Guest	46393229	130.00	0.00	130.00
3/3/2019	SKAGGS, DAVID	637284269	Guest	46401488	55.00	0.00	55.00
Total Due:							255.00

SD DEPT OF AGRICULTURE

523 E. CAPITOL AVE

PIERRE, SD 57501

Amount Due	Due Date
255.00	Upon Receipt

This is a reminder for your records. If payment has already been submitted, please accept our thanks. We appreciate your business!



Quality Inn & Suites

5410 N. Granite Lane
Sioux Falls, SD 57107
GM.SD062@choicehotels.com

Quality Inn & Suite
5410 North Grante Lane
Sioux Falls, SD 57107

Date

03/01/2019

Invoice # 46393229

Reason for not a state rate: They do not honor state rates on Friday nights

Room Rate	\$75.00
-----------	---------

Paid 3/18/2019	(\$55.00)
----------------	-----------

Difference	\$20.00
------------	---------

Total Due to the hotel	\$20.00
------------------------	---------

Debt Write Off Request

State of South Dakota Board of Finance

When complete, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave., Pierre SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting **documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month.** Documentation received after that time will be processed at the next Board of Finance meeting. All documentation **MUST** comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Name: Matthew Pepin (1647023)

Requested Write Off Amount: \$1810-

Date Debt Became Delinquent: 11/27/2013

(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: \$1810-

Current Amount Due: \$1810-

Collection Efforts History: In house collection efforts, sent to

Affiliated Group, then to ORC - now Bankrupt.

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

- ☐ Death ☒ Bankruptcy ☐ Under \$25 ☐ Unverifiable ☐ Other Government ☐ Statute of Limitations
☐ Other (explain)

Reason for write off request: ☐ Returned from ORC ☒ Other (explain) Bankruptcy

Fiscal Officer Contact Information

Signature: Dawn Miller

Name: Dawn Miller

Address: 501 E. Saint Joseph St

Telephone: 605-394-1216

Email: Dawn.Miller@sdsmt.edu

Agency/Institution: South Dakota School of Mines & Technology

Approval by State Board of Finance

Approved by the
State Board of
Finance on

Date

Signature of Secretary, State Board of Finance

Debt Write Off Request

State of South Dakota Board of Finance

When complete, please submit the original to:

State Board of Finance
Office of Secretary of State
500 E Capitol Ave
Pierre SD 57501
Phone: 605-773-3537

PLEASE NOTE: The Request and all supporting documentation must be received in the Office of the Secretary of State no later than **5:00 p.m. CT on the Thursday prior to the Board of Finance meeting.** Documentation received after that time will be processed at the next Board of Finance meeting. All documentation **MUST** comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Name: HEATHER HOCKENBARY

Requested Write Off Amount: \$1,597.38

Date Debt Became Delinquent: _____

(Debt must be at least two years old in order to be considered.)

Original Amount of Debt: \$1,597.38

Current Amount Due: \$1,597.38

Collection Efforts History: _____

Reason for not referring to a collection agency/Obligation Recovery Center: (check applicable box)

☒ Death ☐ Bankruptcy ☐ Under \$25 ☐ Unverifiable ☐ Other Government ☐ Statute of Limitations
☐ Other (explain) _____

Reason for write off request: ☐ Returned from ORC ☐ Other (explain) _____
DECEASED

Fiscal Officer Contact Information

Signature: Brandon Bentley

Name: Brandon Bentley

Address: 200 University St.

Telephone: 605-642-6562

Email: brandon.bentley@bhsu.edu

Agency/Institution: BHSU

Approval by State Board of Finance

Approved by the
State Board of
Finance on

Date _____

Signature of Secretary, State Board of Finance _____